

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

GENE DISCOVERY USING MICROARRAYS

and for which a patent application:

☐ is attached hereto and includes amendment(s) filed on (if applicable)

☒ was filed in the United States on February 12, 2001 as Application No. 09/781,814 (for declaration not accompanying application)

with amendment(s) filed on (if applicable)

☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

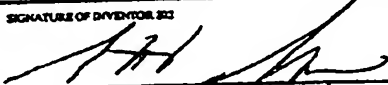
I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE
60/227,966	08/25/00
60/227,902	08/25/00

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	LAST NAME SHOEMAKER	FIRST NAME DANIEL	MIDDLE NAME D.
	RESIDENCE & CITIZENSHIP	CITY BOTHELL	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 14316 106TH AVENUE N.E.	CITY BOTHELL	STATE OR COUNTRY Washington ZIP CODE 98011
		SIGNATURE OF INVENTOR 201		DATE
202	FULL NAME OF INVENTOR	LAST NAME SCHERER	FIRST NAME STEWART	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY MORAGA	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 3938 PASEO GRANDE	CITY MORAGA	STATE OR COUNTRY California ZIP CODE 95556
		SIGNATURE OF INVENTOR 202 		DATE 8/8/2001
203	FULL NAME OF INVENTOR	LAST NAME ALTSCHULER	FIRST NAME STEVEN	MIDDLE NAME J.
	RESIDENCE & CITIZENSHIP	CITY REDMOND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 16134 NE 44TH CT.	CITY REDMOND	STATE OR COUNTRY Washington ZIP CODE 98052
		SIGNATURE OF INVENTOR 203		DATE
204	FULL NAME OF INVENTOR	LAST NAME WU	FIRST NAME LANI	MIDDLE NAME F.
	RESIDENCE & CITIZENSHIP	CITY REDMOND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 16134 NE 44TH CT.	CITY REDMOND	STATE OR COUNTRY Washington ZIP CODE 98052
		SIGNATURE OF INVENTOR 204		DATE
205	FULL NAME OF INVENTOR	LAST NAME ARMOUR	FIRST NAME CHRISTOPHER	MIDDLE NAME D.
	RESIDENCE & CITIZENSHIP	CITY KIRKLAND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 11632 100 AVENUE NE #120	CITY KIRKLAND	STATE OR COUNTRY Washington ZIP CODE 98034
		SIGNATURE OF INVENTOR 205		DATE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	LAST NAME SHOEMAKER	FIRST NAME DANIEL	MIDDLE NAME D.
	RESIDENCE & CITIZENSHIP	CITY BOTHELL	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 14316 106TH AVENUE NE.	CITY BOTHELL	STATE OR COUNTRY Washington
	SIGNATURE OF INVENTOR 201			DATE 8-10-01
202	FULL NAME OF INVENTOR	LAST NAME SCHERER	FIRST NAME STEWART	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY MORAGA	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 3938 PASEO GRANDE	CITY MORAGA	STATE OR COUNTRY California
	SIGNATURE OF INVENTOR 202			DATE
203	FULL NAME OF INVENTOR	LAST NAME ALTSCHULER	FIRST NAME STEVEN	MIDDLE NAME J.
	RESIDENCE & CITIZENSHIP	CITY REDMOND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 16134 NE 44TH CT.	CITY REDMOND	STATE OR COUNTRY Washington
	SIGNATURE OF INVENTOR 203			DATE 8-27-01
204	FULL NAME OF INVENTOR	LAST NAME WU	FIRST NAME LANI	MIDDLE NAME F.
	RESIDENCE & CITIZENSHIP	CITY REDMOND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 16134 NE 44TH CT.	CITY REDMOND	STATE OR COUNTRY Washington
	SIGNATURE OF INVENTOR 204			DATE 8-27-01
205	FULL NAME OF INVENTOR	LAST NAME ARMOUR	FIRST NAME CHRISTOPHER	MIDDLE NAME D.
	RESIDENCE & CITIZENSHIP	CITY KIRKLAND	STATE OR FOREIGN COUNTRY WA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	STREET 11632 100 AVENUE NE #120	CITY KIRKLAND	STATE OR COUNTRY Washington
	SIGNATURE OF INVENTOR 205			DATE 8-10-01

Express Mail No.: ER 505 058 434 US

POWER OF ATTORNEY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Shoemaker et al. Confirmation No.: To be assigned

Serial No.: To be assigned; Divisional of 09/781,814 Group Art Unit: To be assigned

Filed: On even date herewith Examiner: To be assigned

For: GENE DISCOVERY USING MICROARRAYS Attorney Docket: 9301-235-999

REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Rosetta Inpharmatics LLC hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number **20583**

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above mentioned Customer Number.

☒ Practitioners at Customer Number **20583**.

☒ Firm or Individual Name:

Address: **Jones Day**
222 East 41st Street
New York, New York 10017

Telephone: **(212) 326-3939**

Statement Under 37 C.F.R. 3.73(b)

Rosetta Inpharmatics LLC states that it is:

☒ the assignee of the entire right, title, and interest; or
☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

- ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

OR

- ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Daniel D. Shoemaker, Stewart Scherer, Steven J. Altschuler, Lani F. Wu and Christopher D. Armour To: **Rosetta Inpharmatics, Inc.**
The document was recorded, in connection with application no. 09/781,814, of which the above-referenced application is a divisional, in the United States Patent and Trademark Office on September 18, 2001, on Reel 012200 at Frame 0943.


2. From: **Rosetta Inpharmatics, Inc.** To: **Rosetta Inpharmatics, LLC**
a copy of which is attached.

3. From: To:
The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.
- ☐ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: ROSETTA INPHARMATICS LLC

Date: 3/24/04 Signature: 
Typed Name: Alan B. Sachs
Position/Title: Executive Director and Site-Head

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☐ Total of _____ forms are submitted.